WORK ACTIVITY PROGRAM REFERRAL

Participant Information		
Participant Name		
Participant Date of Birth (MM / DD / YYYY)		
Full Mailing Address	Civic Number Street Name	
	Unit / Apt / PO Box	
	City / Town	
	Postal Code	
Email Address		
Contact Number	Landline (__ __ __) __ __ __ - __ __ __ __ Mobile (__ __ __) __ __ __ - __ __ __ __	
Preferred Method of Contact	Please check ☐ Text ☐ Phone ☐ Mail	

Referral Information		
Date (MM / DD / YYYY)		
Self-Referral	Please check ☐ Yes ☐ No	
Referring Agency Information (if applicable)		
Referring Agency		
Case Manager Name		
Case Manager Contact Information	Email	Phone (__ __ __) __ __ __ - __ __ __ __
Work Activity Site	Please check ☐ **PeopleWorx** (Cold Brook) ☐ **Futureworx** (Truro) ☐ **South Shore Work Activity Centre** (Chester) ☐ **Horizon** (Sydney) ☐ **Solutions Learning Centre** (Dartmouth) ☐ **Options** (Halifax)	

Additional Information